

FILED
May 22, 2007 8:00 am
Secretary of State

04-09-2007 90044 050 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P06000119438			
1. Entity Name BRADFORD TONIC, INC.			
Principal Place of Business 670 ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH FL 33401 US		Mailing Address 670 ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH FL 33401 US	
2. Principal Place of Business - No P.O. Box # 1508 Bay Road Suite, Apt. #, etc. Apt. 279		3. Mailing Address PO Box 190921 Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139		Zip 33119	
Country USA		Country USA	
4. FEL Number 20-5582934		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ - \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PATRICIA LEBOW, P.A. ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature of Current Registered Agent or Registered Agent's Representative Signature of Registered Agent Representative (if change of agent is being made)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			
11. ADDITIONAL THANKS TO OFFICERS AND DIRECTORS IN 11			
11.1 NAME 11.2 STREET ADDRESS 11.3 CITY ST ZIP 11.4 DATE 11.5 CHANGE ☐ ADDITION ☐		11.1 NAME 11.2 STREET ADDRESS 11.3 CITY ST ZIP 11.4 DATE 11.5 CHANGE ☐ ADDITION ☐	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 110, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver; if trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Brad Beckerman</u> PRESIDENT BRAD BECKERMAN 3/15/07 (56) 350-4751			

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1st MOORE CR2E034 (10/06)